

Dear _____:

The United States Government, as represented by the Contracting Officer of this organization, hereby contracts with you, as a contract employee under the terms and conditions set forth below:

1. New Benefits. By virtue of your employment relationship under this agreement you are:

(a) Covered under the Civil Service Retirement Act in conformance with rules and regulations applicable to appointed employees of this organization. From the basic compensation paid you hereunder there shall be deducted the appropriate rate percentage (presently 6-1/2%) for deposit and eventual crediting to the Civil Service Retirement Fund. Social Security deductions required by virtue of your cover activities will not be reimbursed you by this organization.

(b) Covered under the Federal Employees Group Life Insurance Act in conformance with rules and regulations applicable to appointed employees of this organization unless you execute a written waiver of such coverage. The Government is presently authorized to bear a portion of the premium cost; you will bear the remainder.

(c) Eligible for coverage under the Federal Employees Health Benefits Act in conformance with rules and regulations applicable to appointed employees of this organization. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder. Because of your eligibility under this Act (whether or not you choose to enroll), your coverage under the contract employees health program shall cease thirty-one (31) days after the effective date of this agreement.

2. Your previous contract with the United States Government, effective _____, is herein terminated by mutual consent of the parties thereto.

3. All provisions of said previous contract not in conflict with this agreement are incorporated by reference into and made a part of this agreement.

~~SECRET~~

4. This agreement is effective as of _____
and shall continue thereafter for _____
unless sooner terminated as set forth in your previous contract. If
this agreement becomes effective during an overseas assignment
nothing contained herein shall be construed as extending that assign-
ment beyond its originally contemplated duration or invalidating your
entitlement to return travel expenses (if applicable) upon completion
of that assignment.

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

ACCEPTED:

WITNESS:

APPROVED:

~~SECRET~~

Application for Health Insurance

Name:

Date of Birth:

I hereby apply for health insurance for

() self

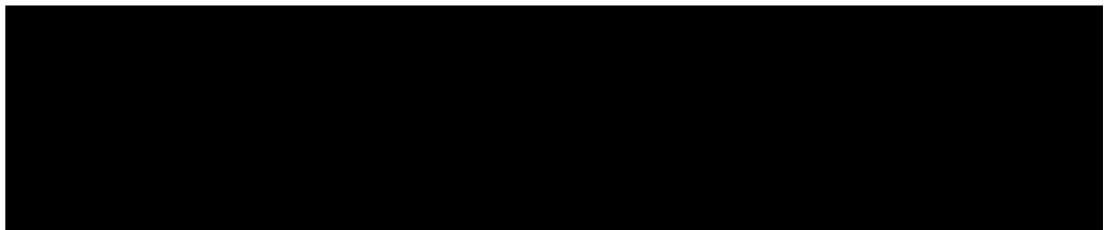
() self and family

Members of my family who are to be covered are:

<u>First Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
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(date)_____

25X1C



ROUTING AND RECORD SHEET

SUBJECT: (Optional)

SSA REGISTRY

FROM:

DDP/Publications
GG-04 HQ

EXTENSION

NO.

FILE *Personnel*

DATE

22 AUG 1967

TO: (Officer designation, room number, and building)

DATE

OFFICER'S
INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

RECEIVED

FORWARDED

1. SSA/DDS 7-D-18 HQ

9/4/67 *bul*

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